Chapter 4.0 – Research Result

The previous chapter introduced the research model, hypotheses, sampling frame, and data analysis methods. This chapter provides the findings of the survey and discussion of the research results.

This chapter presents the demographic characteristics of the respondents, reliability test, correlation test, and regression analysis. It is also provided results of the hypotheses testing.

4.1 Description of the Sample

The data for this study was gathered from public and private hospitals in Malaysia. There are 334 public and private hospitals in Malaysia (Ministry of Health).

This demographic information of the hospitals customers was considered as one of the most important factors. A total of 450 questionnaires were randomly distributed to the Malaysian public and private hospital's customers.

81 incomplete questionnaires were disqualified from the data analysis. Thus, a total of 369 questionnaires (82%) usable response rate were accepted for the final data analysis. The descriptive statistics for the respondents are presented as follows:

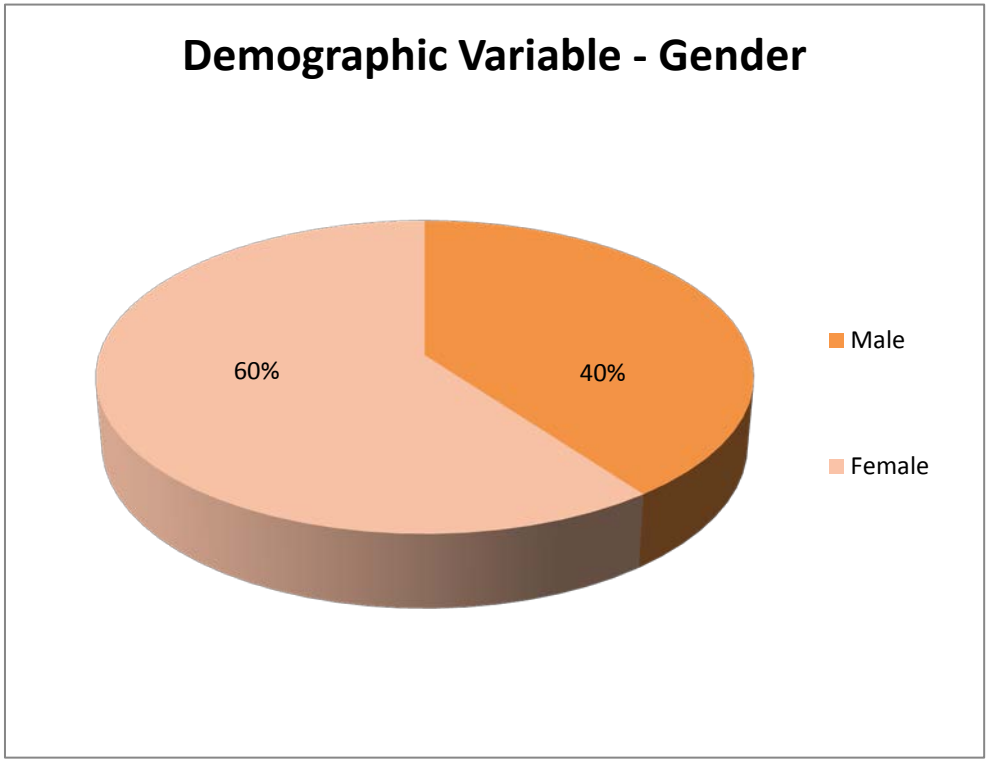
Table 4.1
Summary of Demographics of the Respondents

Demographic Variable	No. of Respondents	Percentage (%)
Gender		
Male	147	39.8
Female	222	60.2
Total	**369**	**100**
Age		
21 - 30	47	12.7
31 - 40	175	47.4
41 - 60	126	34.1
61 and Above	21	5.7
Total	**369**	**100**
Occupation		
Retiree	20	5.4
Civil Servant	143	38.8
Private Sector Employee	94	25.5
Self Employed	75	20.3
Unemployed	9	2.4
Housewife	28	7.6
Total	**369**	**100**
Education		
Primary School	5	1.4
High School	115	31.2
Bachelor Degree	245	66.4
Masters Degree	4	1.1
Total	**369**	**100**
Income		
Less than 1000	37	10
1000 - 3000	142	38.5
3001 - 5000	65	17.6
5001 - 10000	106	28.7
10001 and Above	19	5.1
Total	**369**	**100**
Hospital		
Public	223	60.4
Private	146	39.6
Total	**369**	**100**

Table 4.1 summarizes the demographics of the respondents to the questionnaire survey.

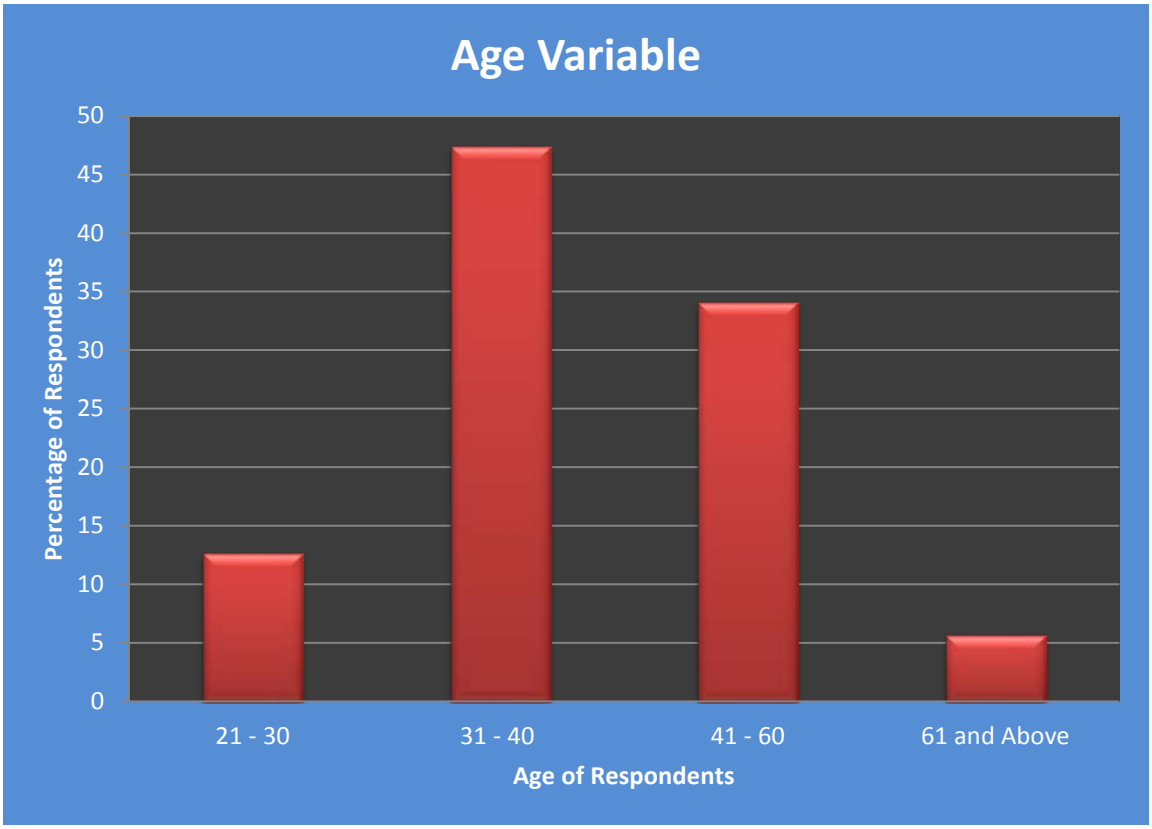
4.1.1 Gender

Among the 369 respondents, the majority of the respondents are female in the both hospitals, making up 60.20% whereas only 39.8% of the respondents are male.



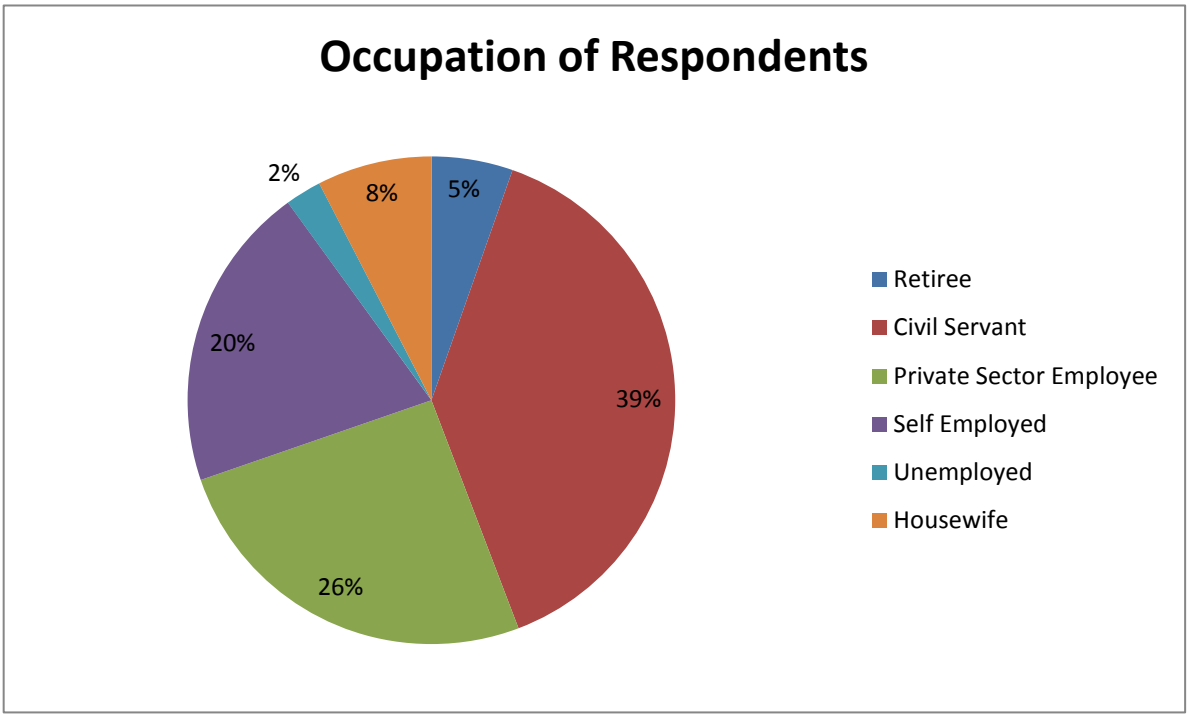
4.1.2 Age

The age distribution of the respondents was categorized into four groups. The group with the most respondent is the age group of 31 to 40 in the both hospitals categories (47.40%), closely followed by the age groups of 41 to 60 (34.10%) and 21 to 30 (12.70%). Meanwhile the smallest group of the respondents is in age 61 and above, only accounting for 5.70% in both the hospitals in total.



4.1.3 Occupation

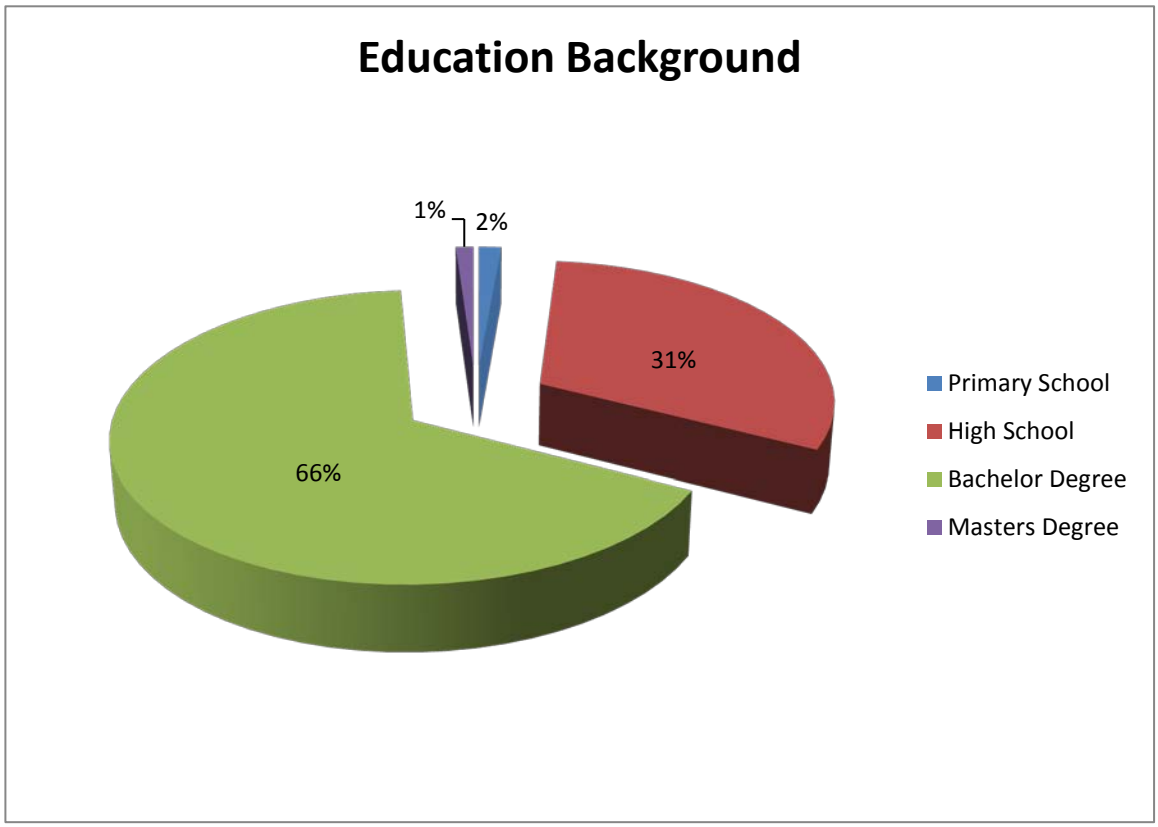
Additionally, among the 369 respondents, 38.80% are civil servants and 25.50% are private sector employee. 20.30% of respondents are self employed and 7.60% housewife. 5.40% respondents are retiree and 2.40% are unemployed. The highest respondents are government servant (38.80%) where 143 respondents out of 369 total respondents.



4.1.4 Education Level

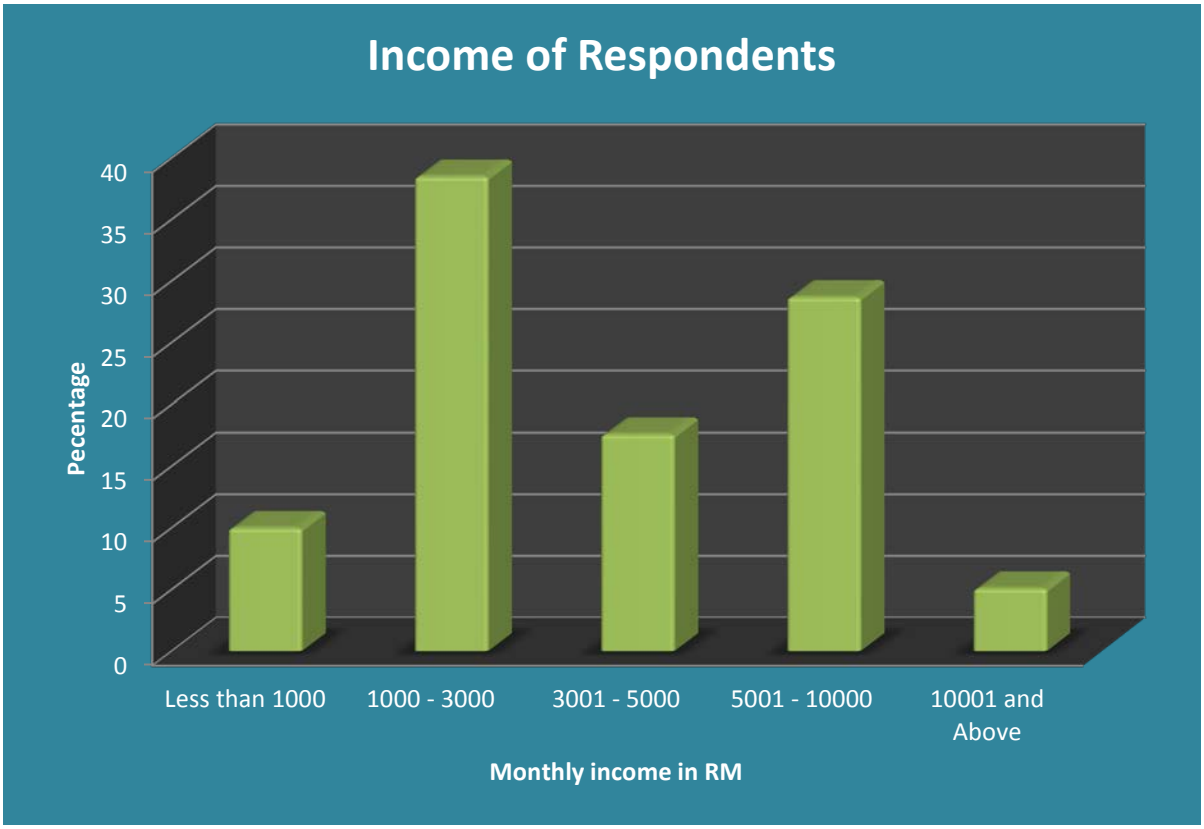
In terms of education level, 66.40% and 31.2% respondents are having bachelors' degree and high school qualification respectively. Besides, 1.40% respondents are with primary school qualification and 1.10% of respondents are with masters' degree.

In overall, highest percentage of people is with bachelors' degree and high school where 97.60% respondents fall in this category. On the other hand extreme level of qualification, primary school and masters' degree only have 2.50% of respondents which is 9 people out of 369.



4.1.5 Income

Most of the respondents who visit hospitals have income in the scale of RM1,000 – RM3,000 (38.5%). Secondly, 106 respondents (28.70%) who visits hospitals have RM5,001 – RM10,000 income monthly. Besides, 17.60% respondent's income is in between both the mentioned scale which is RM3,001 – RM5,000. On the other side 10% of respondent's income level is less than RM1,000. 19 respondent's monthly income is RM10,001 and above where it covers 5.10% from the total respondents.



4.1.6 Hospital

In the midst of the 369 respondents, most of the respondents (223 respondents) are from public hospital, making up 60.40% whereas only 39.60% of the respondents are from private hospital.

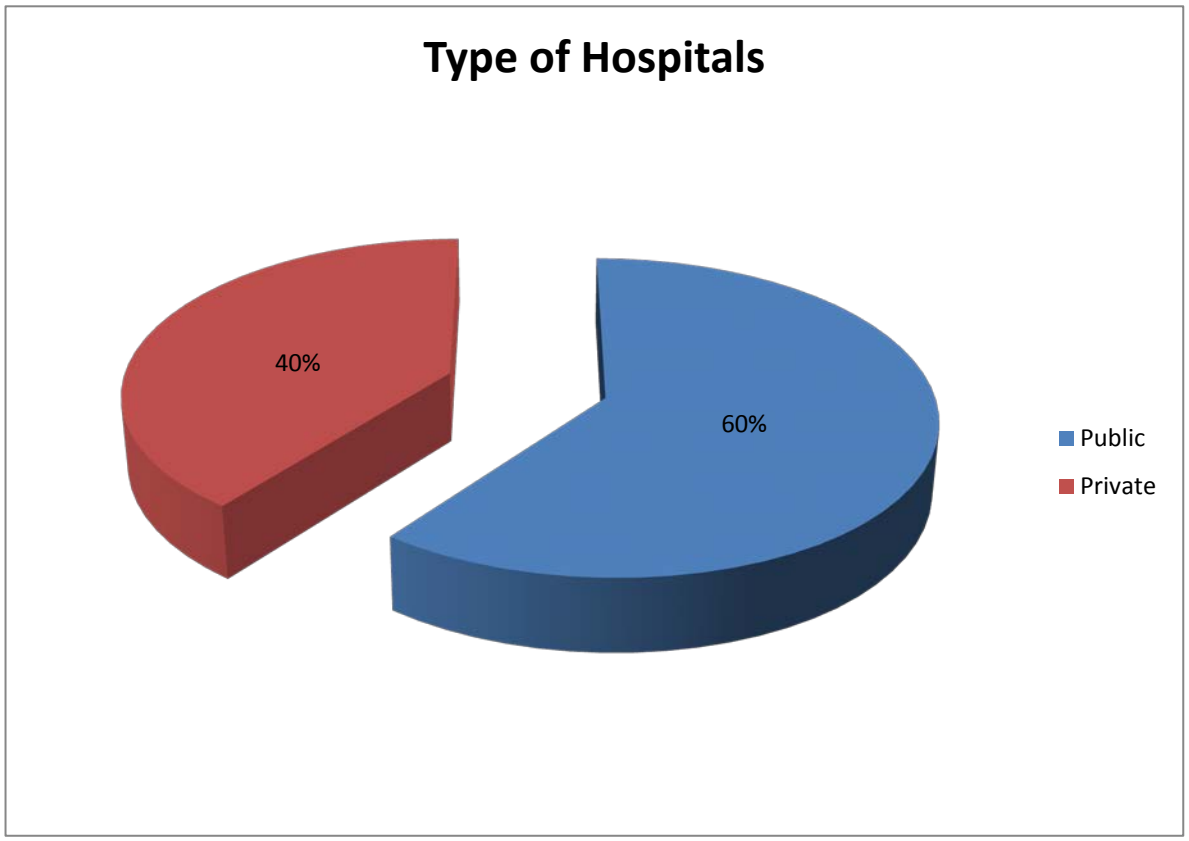


Table 4.2

Descriptive Statistics

Measurements	Mean	Std. Deviation	Skewness	Kurtosis
Service Quality	43.68	8.77	0.27	-0.30
Patient Satisfaction	3.67	1.21	0.09	-0.39
Positive Word of Mouth	5.2	1.86	0.51	-0.44

4.2 Descriptive Statistics

Descriptive statistics are used to investigate the data collected and to make some general interpretation, for example the number of male and females, the age range and mean age or the average life-span of residence in a community. Other statistics such as standard deviation, skewness and kurtosis provide further facts about the distribution of each variable.

Standard deviation gives an idea about the dispersion exists from the average. High standard deviation points out that the data's are spread out over a large range of values, whereas low standard deviation displays that the data's will be very close to the average.

Skewness and kurtosis are applied with interval and ratio level data and rationalizes about the shape of the distribution. Values for skewness and kurtosis are “0” if the observed distribution is exactly normal.

A positive value for skewness indicates a positive skew, while positive value for kurtosis indicates a distribution that is peaked (Leptokurtic). Negative value for skewness indicates a negative skew, while negative value for kurtosis indicates a distribution that is flatter (Platykurtic).

Table 4.2 displays the mean, or average value, which is most commonly used to measure of tendency. Based on questionnaire, 1 is for “strongly agree” and 5 is for “strongly disagree”.

Based on the questionnaire the minimum value for total service quality would be 22 and maximum would be 110. The result shows the mean of service quality is 43.68. The figure 43.68 is closer to 22. In other words, if divide 43.68 by 22 (number of items / questions that measured the total service quality in private and public hospitals) it would be 1.99. Hence, it can infer that people ‘agree’ that Malaysian health care system do provide quality service to it’s customers.

Based on the questionnaire the minimum value for customer satisfaction would be 2 and maximum would be 10. According to result the average of patient satisfaction is 3.67. In other word, if 3.67 divide by 2 (number of items / questions that measured the customer satisfaction in private and public hospitals), it would be 1.84. Therefore, it could be interpreted that patient or customers are satisfied with overall Malaysian Health care system.

Based on the questionnaire the minimum value for positive word of mouth would be 3 and maximum would be 15. According to result the average of positive word of mouth is 5.2. In other word, if 5.2 divide by 3 (number of items / questions that measured the customer satisfaction in private and public hospitals), it would be 1.73. Therefore, it could be interpreted that patient or customers spread good and positive remark about overall Malaysian Health care system.

Table 4.2 shows that the standard deviation is low for patient satisfaction and positive word of mouth, therefore the data distribution or dispersion is closer to mean for both the tools. Standard deviation is high for service quality and it means that the data points are spread out over large range from mean.

Skewness values in Table 4.2 are positive and closer to zero, thus it indicates a positive skew and the values are distributed normally though it is not exactly normal. Negative values for kurtosis, which is -0.30, -0.39, and -0.44 shows a flatter data distribution.

According to Table 4.2, the data is robust, representative of the sample and normal. Hence parametric analyses techniques are therefore possible in subsequent sections.

Table 4.3

Reliability of Each of the Measurements for this Study

Measurements	Factors of Service Quality	Number of Items	Alpha
Service Quality	Tangibility	4	0.62
	Reliability	5	0.82
	Responsiveness	4	0.93
	Assurance	4	0.77
	Empathy	5	0.86
Patient Satisfaction		2	0.98
Positive Word of Mouth		3	0.96

The reliability coefficients for the scales utilized in this study are reported in Table 4.3.

4.3 Reliability Analysis

Reliability evaluations were based on the internal reliability of the items (using the coefficient alpha) indicating the same dimension of service quality as well as the overall scale.

According to Chatterji (2003), reliability refers to the degree of consistency or reproducibility of an assessment's results under different conditions, assuming that random error always affects scores. To empirically examine the reliability of the survey instruments used in this study, Cronbach's alpha test was calculated

for each of the five dimensions of service quality and two outcome variables, including customer satisfaction and positive word of mouth.

According to Nunnally and Berstein (1994), “an internal consistency greater than .70 is reasonably reliable”. Cortina (1993) suggest, “alpha coefficients for scales with few items (six or less) could be much smaller (0.6 or higher) and still be acceptable”. Therefore, a Cronbach’s alpha greater than 0.6, is acceptable for this study.

After the last data for this research study were collected, the reliability coefficients were analysed using SPSS v 17.0. The reliability coefficients for each of the five dimensions of the service quality scale are as follows: Tangibles (0.62), Reliability (0.82), Responsiveness (0.93), Assurance (0.77), and Empathy (0.86).

Additionally, the two items scale that is utilized to measure the patients’ overall satisfaction level yielded and alpha coefficient of (0.98) while the alpha coefficient for the 3 items scale measuring the customer overall positive word of mouth, is (0.96).

Since all of Cronbach’s alpha coefficients for the ranges were greater then 0.6, the ranges were deemed acceptable. Each of the variables exhibited high internal reliability with Cronbach’s coefficients alpha ranging from 0.62 to 0.98.

Table 4.4

Independent Group t-test

Table 4.4.1

Group Statistics

	Hospital	N	Mean	Std. Deviation
Service Quality	Public Hospital	223	48.58	7.15
	Private Hospital	146	36.19	4.84

Table 4.4.2

Group Statistics

	Hospital	N	Mean	Std. Deviation
Tangibility	Public Hospital	223	7.74	1.27
	Private Hospital	146	6.34	1.38
Reliability	Public Hospital	223	11.44	1.90
	Private Hospital	146	8.14	1.69
Responsiveness	Public Hospital	223	10.16	2.00
	Private Hospital	146	6.79	1.31
Assurance	Public Hospital	223	8.76	1.54
	Private Hospital	146	7.53	0.95
Empathy	Public Hospital	223	10.48	2.01
	Private Hospital	146	7.40	1.10

Table 4.4.3

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
Tangibility	Equal variances assumed	28.36	0.00	10.04	367.00	0.00
	Equal variances not assumed			9.86	291.27	0.00
Reliability	Equal variances assumed	3.97	0.05	17.09	367.00	0.00
	Equal variances not assumed			17.51	334.53	0.00
Responsiveness	Equal variances assumed	94.76	0.00	17.94	367.00	0.00
	Equal variances not assumed			19.52	367.00	0.00
Assurance	Equal variances assumed	50.12	0.00	8.65	367.00	0.00
	Equal variances not assumed			9.50	365.83	0.00
Empathy	Equal variances assumed	151.76	0.00	16.95	367.00	0.00
	Equal variances not assumed			18.97	357.75	0.00

Table 4.4.4

Dimension	Hospitals	Number of items / questions that measured the Dimension	Mean
Tangibility	Public	7.74 ÷ 4	1.94
	Private	6.34 ÷ 4	1.59
Reliability	Public	11.44 ÷ 5	2.29
	Private	8.14 ÷ 5	1.63
Responsiveness	Public	10.16 ÷ 4	2.54
	Private	6.79 ÷ 4	1.7
Assurance	Public	8.76 ÷ 4	2.19
	Private	7.53 ÷ 4	1.88
Empathy	Public	10.48 ÷ 5	2.09
	Private	7.40 ÷ 5	1.48

4.4 t-Test Analysis

In this research study, independent group t-test is used to analyse the important differences between two sets of scores. “Each statistical test has some norms that must be met before analysis. These norms have to be assessed because the accurateness of test explanation depends on whether norms are violated” says Coakes (2006).

Followings are the norms: -

1. The records should be at the interval or ratio level of measurement.
2. The score should be randomly sampled from the population of interest.
3. The score should be normally distributed in the population.

The above-mentioned assumptions are met and not violated. Thus, independent group t-test can be carried out. The independent group t-test is appropriate when different participants have performed in each of the different conditions.

Based on questionnaire, 1 is for “strongly agree” and 5 is for “strongly disagree”. Based on the questionnaire the minimum value for total service quality would be 22 and maximum would be 110.

According to table 4.4.1, 223 patients from public hospital with average of 48.58 responded on service quality. Meanwhile, 146 patients from private hospital with the average of 36.19 responded on service quality.

The result shows the mean of public hospital service quality is 48.58. In other words, when 48.58 is divided by 22 (number of items / questions that measured the total service quality in private and public hospitals) it would be 2.21. Hence, it can infer that people ‘agree’ and some people are in ‘neutral’ category that Malaysian public hospitals do provide quality service to its customers.

Meanwhile, the mean of private hospital service quality is 36.19. In other words, when 36.19 is divided by 22 (number of items / questions that measured the total service quality in private and public hospitals) it would be 1.65. Hence, it

can interpret that partially people ‘strongly agree’ and the others ‘agree’ that Malaysian private hospitals do provide quality service to its customers.

Table 4.4.4 is the mean summary of Table 4.4.2. According to the average, tangibility dimension seems to have closer to 1, which is ‘Strongly agree’ for the hospital, which is 1.94 and 1.59, public hospital and private hospital respectively.

When comparing 2 groups like the hospital, their variances must be relatively similar. Levene's test checks this. If the significance value for Levene's test is 0.05 or below, the "Equal Variances Not Assumed" is used. Otherwise "Equal Variances Assumed" will be used. As per Table 4.4.3, 4 dimension shows 0.00 and 1 more dimension which is reliability shows 0.05 significance for Levene’s test, so we'll be using the "Equal Variances Not Assumed" for the 4 dimension and “Equal Variance Assumed” for reliability dimension.

If the Sig (2-Tailed) value is less than or equal to .05 it can be concluded that there is a statistically significant difference between two conditions. Therefore, Table 4.4.3 states that it could be concluded that there is significant difference between public hospital and private hospital. This conclusion can be supported by Table 4.4.4.

Table 4.5

Correlation between all the Dimensions and Variables

	Tangibility	Reliability	Responsiveness	Assurance	Empathy	Patient Satisfaction	Positive Word of Mouth
Tangibility	1						
Reliability	0.66**	1					
Responsiveness	0.55**	0.88**	1				
Assurance	0.49**	0.77**	0.76**	1			
Empathy	0.51**	0.74**	0.7**	0.63**	1		
Patient Satisfaction	0.28**	0.58**	0.58**	0.71**	0.65**	1	
Positive Word of Mouth	0.37**	0.69**	0.74**	0.72**	0.72**	0.93**	1

**. Correlation is significant at the 0.01 level (2-tailed).

4.5 Correlation Analyses

To study the correlation between variables, Pearson's coefficient was selected. In particular, the result in Table 4.5 shows that all dimensions and variables are significantly positively correlated with each other's.

Table 4.6

Multicollinearity Analysis:

Measurements	Tolerance	Variance Inflation Factors (VIF)
Tangibility	0.56	1.79
Reliability	0.15	6.66
Responsiveness	0.20	4.95
Assurance	0.37	2.69
Empathy	0.43	2.31

4.6 Multicollinearity Analysis

Table 4.6 presents Tolerance and variance inflation factor (VIF) values for service quality (independent variable) and positive word of mouth (dependent variable). When variables are highly correlated in a multiple regression analysis it is difficult to identify the unique contribution of each variable in predicting the dependent variable because the highly correlated variables are predicting the same variance in the dependent variable.

According to Gujarati (2003), Multicollinearity exists when tolerance is below .1; and variance inflation factor (VIF) is greater than 10. Therefore according to Table 4.6, the Tolerance is in the range of 0.15 to 0.56 and the Variance Inflation Factor (VIF) is in the range of 1.79 to 6.66. In this case, after analyzing Table 4.6, it is found that multicollinearity does not exist.

Table 4.7

Multiple Regression Analysis of Service Quality on Patient Satisfaction

	Model Summary				ANOVA	
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	F	Sig
1	0.66	0.43	0.43	0.91	275.35	0.00

a. Predictors: (Constant), Service Quality

b. Dependent Variable: Patient Satisfaction

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-0.27	0.24		-1.09	0.27
	Service Quality	0.09	0.01	0.66	16.59	0.00

a. Dependent Variable: Patient Satisfaction

4.7 Multiple Regressions

This section will discuss the multiple regression analysis for the three hypotheses developed for this study.

In order to test hypotheses H1, H2, and H3 correlation and multiple regression analysis was carried out according to Coakes et al. (2006) to assess

the relationships between service quality and positive word of mouth with patients' satisfaction as the mediating variable.

Hypothesis H1: Service quality has a direct and positive influence on patient satisfaction.

In order to evaluate the relationship between service quality and patient satisfaction, a correlation analysis was deployed. The correlations analysis was performed to test the correlation between the constructs. The correlations analysis produced results as shown in the Table 4.5. The Pearson Correlations showed significant positive correlation between patient satisfaction and all dimensions of service quality. The strongest correlations of service quality dimensions with patient satisfaction are assurance ($r = .71$, $p < .05$) and empathy ($r = .65$, $p < .05$).

Additionally, a regression analysis was also carried out to test the effects of service quality on patient satisfaction. The results are as shown in Table 4.7. Here it was found that service quality explained 43% (Adjusted R Square) of the variance associated with patient satisfaction. Also the analysis showed high significance, as indicted by F value from the ANOVA table with ($F = 275.35$, $p = 0.000 < .05$).

Therefore, as per the research results, the hypothesis H1 is accepted. The overall service quality is discovered to have positive and significant relationship with patient satisfaction. Table 4.7 shows the findings of the coefficient test. The Beta Coefficient of 0.66 also shows that the service quality has a positive influencing factor on patient satisfaction.

Table 4.8

Multiple Regression Analysis of Patient Satisfaction upon Positive Word of Mouth

	Model Summary				ANOVA	
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	F	Sig
1	0.93	0.86	0.86	0.70	2.23	0.00

a. Predictors: (Constant), Patient Satisfaction
b. Dependent Variable: Positive Word of Mouth

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-0.06	0.17		-0.48	0.63
	Patient Satisfaction	1.43	0.03	0.93	47.25	0.00

a. Dependent Variable: Positive Word of Mouth

Hypothesis H2 Patient satisfaction has a direct and positive influence on the positive word of mouth.

The Table 4.8 shows the test of Hypothesis 2 (H2). In order to evaluate the relationship between patient satisfaction and positive word of mouth, a correlation analysis was deployed. The correlation analysis produced results as

shown in the Table 4.5. The Pearson correlations show the significant strongest correlation between patient satisfaction and positive word of mouth. The correlation of patient satisfaction with positive word of mouth is the strongest ($r = .93$, $p < .05$).

A regression analysis was also conducted to test the effects of patient satisfaction upon positive word of mouth. The results are as shown in Table 4.8. Here it was found that service quality explained 86% (Adjusted R Square) of the variance associated with positive word of mouth. Also, the analysis showed significance, as indicated by F value from the ANOVA table with ($F = 2.23$, $P = .000 < .05$).

Therefore, based on the research result, hypothesis H2 is accepted. The over all patient satisfaction is found to have positive and significant relationship with positive word of mouth. Table 4.8 shows the findings of the coefficient test. The Beta Coefficient of 0.93 shows that the patient satisfaction has a positive influencing factor on positive word of mouth.

Hypothesis H3 Patient satisfaction significantly mediates the relationship between service quality and positive word of mouth.

In this study, H3 considers patient satisfaction as the mediating variable in the relationship between independent variable (service quality) and dependent variables (positive word of mouth).

To test the Hypothesis H3 Baron and Kenny's (1986) steps has been used. The results of the four step regression equations required testing the mediation model as shown in Table 4.9.

To test the mediation of patient satisfaction on the relationship between independent variable (service quality) and dependent variables (positive word of mouth), the below steps were followed: -

Step 1: Regression equation between service quality and positive word of mouth. Customer positive word of mouth is used as the criterion variable in a regression equation and service quality as a predictor.

Step 2: Regression equation between service quality and patients satisfaction. Use patients' satisfaction as the criterion variable in the regression equation and service quality as a predictor.

Step 3: Regression equation between patient satisfaction and positive word of mouth. Use customer positive word of mouth as the criterion variable in a regression equation and patients' satisfaction as predictors.

Step 4: Regression equation to control patients' satisfaction. To establish that patients' satisfaction completely mediates the service quality and positive word of mouth relationship, the Beta effect of service quality and positive word of mouth controlling patients' satisfaction should be zero effect.

According to Baron (1986), for complete mediation, the Beta at Step 4 must be "0". For partial mediation, the Beta at Step 4 must be less than Step 1. According to Table 4.9, Step 4, Beta value is 0.28, which is more than 0. There

fore Step 4 Beta value was compared against Step 1 Beta value, which is 0.76. It was found that, Step 4 Beta value is less than Step 1.

Therefore, for Hypothesis H3, it was found that patients' satisfaction has a partial mediating effect on the relationship between independent variable (service quality) and dependent variables (positive word of mouth).

Table 4.9

Multiple regression analysis of mediating effect of patient satisfaction

Regression	Beta	Significant
Step 1: Service Quality predict Positive Word of Mouth	0.76	0.00
Step 2: Service Quality Predict Patient Satisfaction	0.66	0.00
Step 3: Patient Satisfaction Predicting Positive Word of Mouth	0.93	0.00
Step 4: When Patient Satisfaction is Controlled	0.28	0.00

4.8 Discussion of research results

The research results are reviewed as follows:

The data that has been collected in this research study is normal and the Cronbach's coefficient exhibits high internal reliability.

The t-test of the service quality dimensions and the overall service quality shows that there is a significant difference between public hospital and private hospital in Malaysia.

Public hospital customers do 'agree' that service with quality is provided. And private hospital customers 'strongly agree' that they were provided with good quality services.

This finding is supported by Zeppou and Sotirakou (2003) who have stated that there is difference between private and public sector. According to Bhatta (2001), high efficiency could be seen in the private health care sector compared to public health care sector.

According to Arasli et al., 2008; Pakdil and Harwood, (2005), there are difference in each service quality dimension between public hospital and private hospital.

Study result shows that service quality has a positive and significant relationship with patients' satisfaction. This is supported by Pascoe (1983), Ford et. al. (1997), Carman (2000) and Ramsaran-Fowdar (2005) also stated that there is a positive link between service quality and patient satisfaction.

From the correlation and regression analysis, it revealed that service quality explains only 43% of positive word of mouth. Thus it was just a weak influence previous study by Kouthouris and Alexandris (2005) on application of the SERVQUAL model in the outdoors setting industries also show that service quality offered a very low contribution (2.8%) to the prediction of positive word of mouth.

Patients' satisfaction has a partial mediating effect on the relationship between service quality and positive word of mouth. It can be concluded that there are some other mediating factors also present, other than patient satisfaction.

Though Frenzen et. al. (1993), Patterson et. al. (1997) and Gotlieb et. al. (1994) established that service quality positively correlates positive word of mouth through customer satisfaction, Natalisa and Subroto (1998) found that other mediating tools such as price, situation and personality of buyer can also be used as mediator.

4.9 Summary of hypotheses

H1: Service quality positively influences patient satisfaction.

H1 is fully supported.

H2: Patient satisfaction constructively influences positive word of mouth.

H2 is fully supported.

H3: Patient satisfaction significantly mediates the relationship between service quality (independent) and positive word of mouth (dependent).

H3 is partially supported.

Chapter 5.0 – Conclusion

Health care study steadily point outs that the interpersonal characteristic of concern, for instance treated with care and respect is of extremely very important to patients (Fung et al., 2005); and added “personal care” is correlated with higher points of patient satisfaction (Drain and Kaldenberg, 1999 & 2001).

Patient satisfaction is a worldwide issue that affects health care organizations throughout world and in Malaysia there is still much to be done in order to increase patient’s satisfaction in public hospitals and private hospitals.

Attempts made by public hospitals and private hospitals to improve patients satisfaction is an important move as this issue can simply be overlooked for more critical issues such as medical treatment for patients and prevention of medical error.

Ever well-built importance on customer or patient satisfaction, most of the well-known health care providers of the next era will place themselves as "high-quality" hospitals.

Even those hospitals that do not seek out a high quality position will find it essential to monitor, define, and upgrade the quality of the services they provide. Technical quality alone, will not lead to increased revenues and facility utilization.

5.1 Implication

According to table 4.4.4. the research outcome, private hospitals are outperforming compared to public hospitals in Malaysia. Customers from private hospitals are strongly agreeing that they experience good quality of service at private hospital. Based on questionnaire, 1 is for “strongly agree” and 5 is for “strongly disagree”. 3 is “neutral”.

Public hospital in Malaysia is poorly performing in the responsiveness dimension (mean value 2.54). Responsiveness is the willingness and readiness of hospital to help customer to give prompt response. Maybe it is due to lack of high technology information system such as “Lab Intelligence System”, which are expensive.

Though private hospitals have outperformed compared to public hospitals, they still have some flaw in assurance dimension. Hospital staff’s knowledge, courtesy, competence and ability to communicate confidence which give assurance to the patients are performed poorly. Private hospitals have to give more care to this section of service quality dimension to improve the overall patient satisfaction. This could be obtained by having best staff of the month where the staff should be voted by patients who seek service and also by their relatives.

Compared to the entire service quality dimension, Malaysian public hospital is providing good service in term of tangibility (mean value 1.94). Meanwhile, Malaysian private hospital is providing good service in empathy

(mean value 1.48). Private hospital is good at caring and individual attention, which is the human touch section. This is maybe due to good training that their personnel go through and internal motivation that is nurtured by the private hospitals.

Over the years, Malaysia has been continuously vigilant about its healthcare system. The existence of so many medical schools is enough to attest to the fact that Malaysia is serious about offering good quality healthcare services, not only to its citizens, but also to expatriates, tourists, migrants, and visitors.

Malaysian public health care centres have to work hard to provide better service to its customers. Only then Malaysian, Ministry of Health's vision to make Malaysia a medical tourism spot will be fulfilled.

5.2 Limitations

This study is limited to gathering empirical data through a questionnaire from a sample of 50 hospitals though there are approximately 217 health care centres throughout Malaysia.

A limitation of this study was the omission of the clinics. Analysing patient satisfaction in clinics could have provided more insights into reasons why patients choose being treated by doctors in clinics most of the time rather than in hospitals in Malaysia.

Another limitation to the study is that positive word of mouth is a continuously variable, which is influenced by the service provided. In this study, the research tested the model on a random basis but it would be much more accurate to test the hypotheses in time series.

5.3 Recommendations

Future studies shall be included with the dimensions of service quality such as patient-providers relationship, communication, nursing service and waiting time. This is considered as vital in order to find out other predictors of patient satisfaction that cannot be determined in the present study.